

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90254 010 ***158.75

DOCUMENT # F07000003908

1. Entity Name
AHBL, INC.



Principal Place of Business
2215 N 30TH STREET STE 300
TACOMA, WA 98403

Mailing Address
2215 N 30TH STREET STE 300
TACOMA, WA 98403

40097267



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
91-0915991

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME HICKS, TOM P.E. ☐ Delete
STREET ADDRESS 2215 N 30TH STREET STE 300
CITY-ST-ZIP TACOMA, WA 98403

TITLE DS
NAME COMFORT, SEAN P.E. ☐ Delete
STREET ADDRESS 2215 N 30TH STREET STE 300
CITY-ST-ZIP TACOMA, WA 98403

TITLE V
NAME GAVIN, DOREEN P.E. ☐ Delete
STREET ADDRESS 2215 N 30TH STREET STE 300
CITY-ST-ZIP TACOMA, WA 98403

TITLE T
NAME BECKER, JOHN IV PLS ☐ Delete
STREET ADDRESS 2215 N 30TH STREET STE 300
CITY-ST-ZIP TACOMA, WA 98403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME Comfort, Sean PE ☒ Change ☐ Addition
STREET ADDRESS 2215 N 30th St Ste 300
CITY-ST-ZIP Tacoma WA 98403

TITLE D
NAME Gavin, Doreen PE ☒ Change ☐ Addition
STREET ADDRESS 2215 N 30th St Ste 300
CITY-ST-ZIP Tacoma WA 98403

TITLE D
NAME Becker, John IV PLS ☒ Change ☐ Addition
STREET ADDRESS 2215 N 30th St Ste 300
CITY-ST-ZIP Tacoma WA 98403

TITLE S/T
NAME Hansen, Timothy COO ☐ Change ☒ Addition
STREET ADDRESS 2215 N 30th St Ste 300
CITY-ST-ZIP Tacoma WA 98403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

253-383-2422
Daytime Phone #